## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective September 30, 2007

10594956

|   |  | CLAIMS A                                  | AS FILED -<br>(Column                      |                                   | (Column 2)                                |                                |   | SMALL ENTITY TYPE   |                        | OR              | OTHER THAN<br>SMALL ENTITY |                        |
|---|--|---|--|-----------------------------------|---|--------------------------------|---|---------------------|------------------------|-----------------|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES  |  |   |  |                                   |   |                                |   | RATE                | FEE                    | ]               | RATE .                     | FEE                    |
| BAS   | SIC FEE  |   | SMALL ENT.                                 | = \$ 150                          | LARG                                      | SE ENT. = \$ 300               |   | BASIC FEE           | \$155                  | OR              | BASIC FEE                  | \$310                  |
| EXA   | MINATION FE                                    | E   | Satisfies PCT Ar<br>(4) = \$50             |                                   | All other situations =<br>\$ 100 / \$ 200 |                                |   | EXAM. FEE           | \$105                  |                 | EXAM. FEE                  | \$210                  |
| SEARCH FEE  |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | intries =                         | •   | ther situations = 250 / \$ 500 |   | SEARCH FEE          | \$205                  |                 | SEARCH FEE                 | \$410                  |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu                                       | ıs 100 =                          |   | / 50 =                         |   | X \$ 130 =          |                        |                 | X \$ 260 =                 |                        |
| тот   | AL CHARGEAE                                    | BLE CLAIMS                                | mir  | nus 20 =                          | *   |                                |   | X <b>\$ 2</b> 5 =   | ,                      | OR              | X \$ 50 =                  |                        |
| INDI  | EPENDENT CL                                    | AIMS                                      |  | inus 3 =                          | *   |                                |   | X \$ 105 =          |                        | OR              | X \$ 210 =                 |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRE                            | ESENT                                      |                                   |   |                                |   | + \$ 185 =          |                        | OR              | + \$ 370 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in col |  |   |  |                                   |   | lumn 2                         |   | TOTAL               |                        | OR              | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)       |  |   |  |                                   |   |                                | _ | SMALL ENTITY        |                        |                 | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER<br>DUSLY                              | PRESENT<br>EXTRA               |   | RATE                | ADDI-<br>TIONAL<br>FEE |                 | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                      | **                                |   | =                              |   | X \$ 25 =           |                        | OR              | . X \$ 50 =                |                        |
|   | Independent                                    | *   | Minus                                      | ***                               |   | =                              |   | X \$ 100 =          |                        | OR              | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |   |                                |   | + \$ 180 =          |                        | OR              | + \$ 360 =                 |                        |
|   |  |   |  |                                   |   |                                |   | TOTAL ADDIT.<br>FEE |                        | OR              | TOTAL ADDIT.<br>FEE        |                        |
| *   | · · · · · · · · · · · · · · · · · · ·          | (Column 1)                                |  | (Colun                            | nn 2)                                     | (Column 3)                     |   |                     |                        |                 | · · ·                      |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>DUSLY                              | PRESENT<br>EXTRA               |   | RATE                | ADDI-<br>TIONAL<br>FEE |                 | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                      | **                                |   | =                              |   | X \$ 25 =           | -                      | OR              | X \$ 50 =                  |                        |
|   | Independent                                    | * .                                       | Minus                                      | ***                               |   | =                              |   | X \$ 100 =          |                        | OR              | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |   |                                |   | + \$ 180 =          |                        | OR              | + \$ 360 =                 |                        |
|   |  |   |  |                                   |   |                                |   | TOTAL ADDIT.<br>FEE |                        | or <sup>-</sup> | TOTAL ADDIT.<br>FEE        |                        |
| *   | If the entry in colu                           | ımn 1 is less than the                    | e entry in column 2                        | ?, write "0" i                    | n columr                                  | n 3.                           |   |                     |                        |                 |                            | · .                    |
| **  | If the "Highest Nu                             | mber Previously Pai                       | d. For" IN THIS SP                         | ACE is less                       | s than '20                                | 0', enter "20". `              | • |                     | ٠.                     |                 |                            |                        |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.